Bureau of Health Care Quality and Compliance

AND PLAN OF CORRECTION IDENTIFICATION NU		(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C	
NVS359AGC						12/0	7/2010
NAME OF PR	ROVIDER OR SUPPLIER			RESS, CITY, STA	ATE, ZIP CODE		
I M S I HOME CAPE				.PHI AVENUE S, NV 89120			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODE	REFERENCED TO THE APPROPRIATE	
Y 000	Initial Comments			Y 000			
	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 12/7/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a re-survey grade of A. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category I residents. The census at the time of the survey was six. The following deficiencies were identified:		d as s, ral, ral, ed as state nority ion. Cility ons / I //ey II: sary //ces	Y 050			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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							С	
		NVS359AGC		B. WING		12/07/2010		
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Y 050	This Regulation is not met as evidenced by:			Y 050				
	This Regulation is not met as evidenced by: NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.037) 1. After the Bureau assigns a grade to a residential facility pursuant to NAC 449.27702, the Bureau shall issue a placard to the residential facility. 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. 3. If the placard is not displayed in accordance with the provisions of subsection 2, the Bureau will assess against the residential facility a deficiency with a severity and scope score equal to the highest severity and scope score indicated in the most recent survey of the facility conducted by the Bureau. (Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005). Based on observation on 12/7/10, the administrator failed to ensure the most recent grading placard was displayed conspicuously in a public area. The facility had their A grade from the survey dated 12/4/09 posted, instead of the C grade from the survey dated 8/17/10.		o2, ential after public nce eau equal cated ucted ealth nt by in a om					
Y 251 SS=F	251 449.217(2) Storage of Food-Perishable foods refrigerated		Y 251					
	NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less.							

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				A. BUILDING		С		
			B. WING		12/07/2010			
			STREET ADD	RESS, CITY, STA	ATE, ZIP CODE			
4370 ADE			4370 ADEL	PHI AVENUE				
MSJHO	WE CARE		LAS VEGA	S, NV 89120				
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Y 251	Continued From page 2			Y 251				
	Frozen foods must be kept at a temperature of 0 degrees or less. This Regulation is not met as evidenced by: Based on observation and interviews on 12/7/10, the facility failed to ensure the refrigerated foods were kept at a temperature of 40 degrees or less, and frozen foods were kept at a temperature of 0 degrees or less. (The temperature in the refrigerator was 41.7 degrees and the freezer read 8.6 degrees).							
	This was a repeat deficiency from the 8/17/10 State Licensure survey Severity: 2 Scope: 3		0					
	Severity: 2 Scope	. 3						
Y 870 SS=D	449.2742(1)(a)(1)(2)(b)(c) Medication Administration			Y 870				
	NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
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M S LHOME CAPE			4370 ADEL	ADDRESS, CITY, STATE, ZIP CODE DELPHI AVENUE GAS, NV 89120					
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Y 870	Continued From page	e 3		Y 870					
	administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).		e s of						
Y 876 SS=A	This Regulation is not met as evidenced by: Based on record review on 12/7/10, the facility did not ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 1 of 6 residents residing in the facility for longer than six months (Resident #3). This was a repeat deficiency from the 8/17/10 State Licensure survey. Severity: 2 Scope: 1 449.2742(4) Medication Administration NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS		ity w r ths 0	Y 876					

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Y 876	This Regulation is not met as evidenced by: Based on record review on 12/7/10, the facility failed to ensure that an ultimate user agreemer was obtained for 1 of 6 residents (Resident #4) This was a repeat deficiency from the 8/17/10 State Licensure survey			Y 876			
	Severity: 1 Scope:						

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